

**HASTINGS-ON-HUDSON UNION FREE SCHOOL DISTRICT**

**27 Farragut Avenue, Hastings-on-Hudson, New York 10706**

**Phone: (914) 478-2900    [http:// www.hohschools.org](http://www.hohschools.org)**

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**REQUEST FOR RELEASE OF ANNUAL PROFESSIONAL PERFORMANCE REVIEW  
(A.P.P.R.) FINAL QUALITY RATINGS AND COMPOSITE EFFECTIVENESS  
SCORES PURSUANT TO EDUCATION LAW SECTION §3012-C\***

**PARENT(S)/GUARDIAN(S) & STUDENT INFORMATION**

Name of Parent(s) / Legal Guardian(s): \_\_\_\_\_

Name and I.D. Number(s) of Student(s): \_\_\_\_\_

Grade Level of Student(s): \_\_\_\_\_

**TEACHER(S) & SUBJECT AREA/GRADE LEVEL INFORMATION**

Please write in the spaces provided below the name of the teacher(s) and grade level / subject area of instruction each teacher currently provides to the above-named student(s) for each teacher to whom the student is assigned for the current school year for whom you would like to receive the A.P.P.R. composite effectiveness score and final quality rating:

Name: \_\_\_\_\_ Subject Area / Grade Level: \_\_\_\_\_

Name: \_\_\_\_\_ Subject Area / Grade Level: \_\_\_\_\_

Name: \_\_\_\_\_ Subject Area / Grade Level: \_\_\_\_\_

Name: \_\_\_\_\_ Subject Area / Grade Level: \_\_\_\_\_

Name: \_\_\_\_\_ Subject Area / Grade Level: \_\_\_\_\_

**BUILDING PRINCIPAL INFORMATION**

Please write in the space provided below the name of the building principal in the building to which the student is assigned for the current school year **if you are also requesting** his/her final quality rating and composite effectiveness score:

Name of Building Principal: \_\_\_\_\_ School \_\_\_\_\_

**I WOULD LIKE TO RECEIVE THE INFORMATION REQUESTED ABOVE VIA:**

*(check whichever is applicable)*

\_\_\_ U.S. MAIL \_\_\_\_\_  
*(mailing address)*

\_\_\_ TELEPHONE: \_\_\_\_\_  
*(contact number including area code)*

\_\_\_ IN PERSON Note: If this is selected, please provide your telephone number in the space above and the District will contact you shortly after receipt of this form to schedule a date and time for a conference.]

**CONTINUE ON NEXT PAGE →**

PLEASE RETURN THIS FORM TO:

Roy R. Montesano, Ed.D.  
Superintendent of Schools  
27 Farragut Avenue  
Hastings-on-Hudson, NY 10706  
tel: (914) 478-6205  
fax: (914) 478-6209  
e-mail: [montesanor@hohschools.org](mailto:montesanor@hohschools.org)

**\*Note: Pursuant to Education Law Section 3012-c, classroom teachers and building principals are entitled to strict privacy rights with respect to disclosure by the District of the information that will be furnished to you. We are confident that you will respect those privacy rights.**

/fhg

*Established 7.2013*